

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

	(Type of Time offerity)		
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
FOX	Mark	R.	587-6234
MAILING ADDRESS (Street)			FAX
923 Nuuanu Ave.			545-2019
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are	employed by a business entity which has been	retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
The Nature Conservancy	537-4508		
MAILING ADDRESS (Street)	FAX		
923 Nuuanu Ave.		545-2019	
(City)	(State)	(Zip Code)	
Honolulu	Н	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Sharon Tangonan		587-6240	
MAILING ADDRESS (Street)		FAX	
923 Nuuanu Ave.		545-2019	
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATI	ON OF LOBBYIST				
I hereby certify that t	he information furnished abov	ve is, to the best of my knowled	dge, correct and complete.		
m 1-29-07					
(Signature of Lobbyist)		(Date)			
	(Olghatare of Eobbylot)		(2010)		
PART V AUTHORIZAT	TION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Enrico Gomez	Director of Internal Affairs				
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
The Nature Conservancy			537-4508		
The Nature Conservan	Су		307-4000		
MAILING ADDRESS (Street)			FAX		
923 Nuuanu Ave.			545-2019		
(City)	(State)		(Zip Code)		
Honolulu	HI 96817				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Erio E.	Cour		1/29/07		
(Signature of Authorizing Officer or Person Represented)		(Date)			